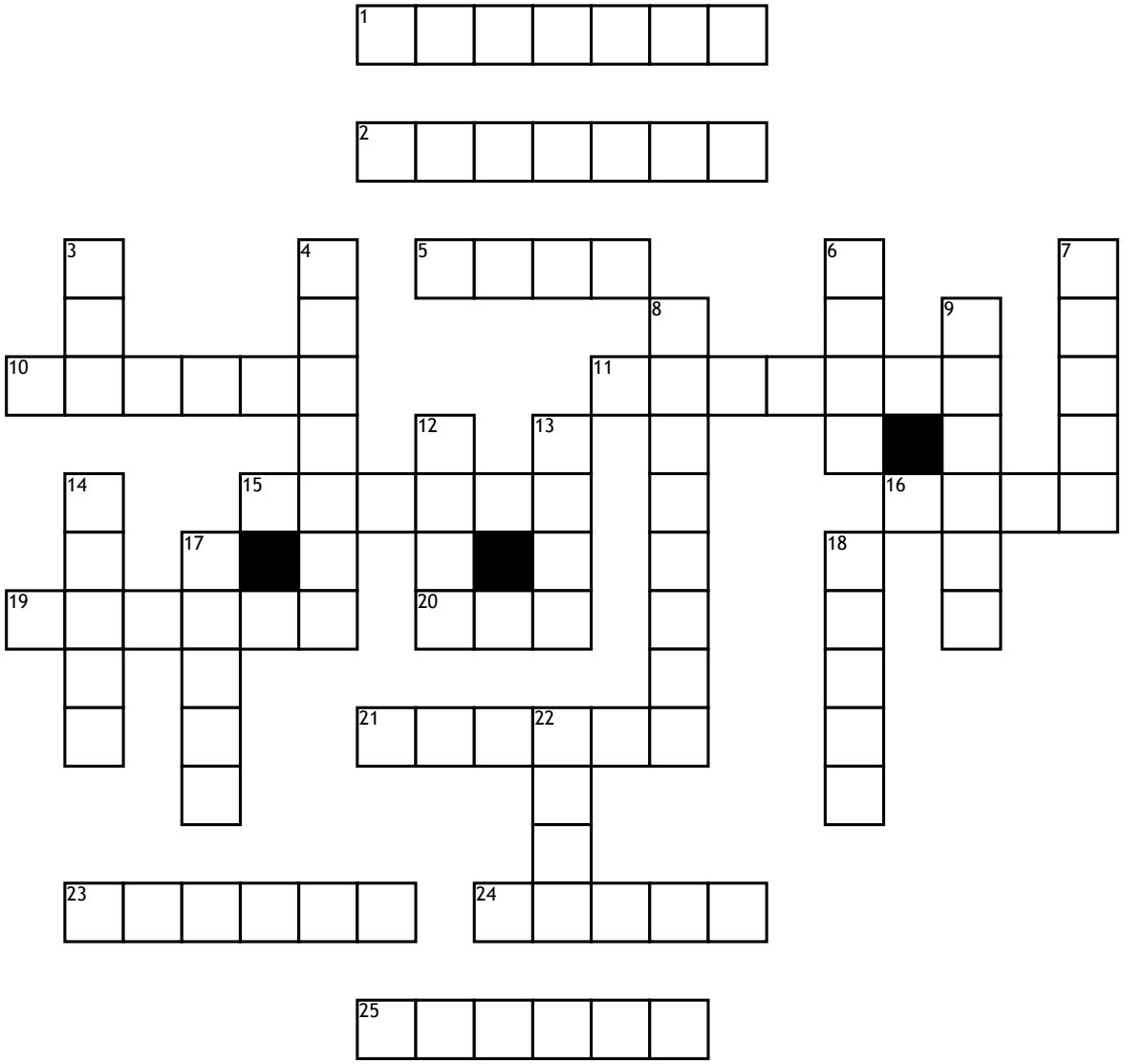
Name: _____ Date: _____

Body Parts



Across

1. rear
2. knee
5. elbow
10. chin
11. back
15. wrist
16. finger
19. head
20. eye
21. shoulder
23. leg
24. nose
25. neck

Down

3. toe
4. waist
6. hair
7. lip
8. stomach
9. hip
12. breast
13. hand
14. arm
17. chest
18. ear
22. mouth